

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022781

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 543

Registrar's No. 1544

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jennings

Length of stay in 1b

11 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

ST LOUIS

c. CITY

Jennings

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Halls Ferry Memor. Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2115 Kappel Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

ALICE

Middle

SPENGE MANN

Last

4. DATE OF DEATH

Month

May

Day

10

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/8/179

9. AGE (last birthday)

83 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Manning

13b. MOTHER'S MAIDEN NAME

Catherine Bauer

14. NAME OF HUSBAND OR WIFE

Henry H. Spengemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

B

Address

Mrs. Dorothy Pleske, 3712 Osceola Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive and Arteriosclerotic

unknown

DUE TO (c)

Cardiovascular Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1961 to May 10, 1963 and last saw her alive on May 9, 1963

Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Quen Birnbaum M.D.

22b. ADDRESS

4919 Forest Park Blvd.

22c. DATE SIGNED

5/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F. H. Inc., 1936 St. Louis

25. DATE RECD. BY LOCAL REG.

5-11-63

26. REGISTRAR'S SIGNATURE

John M. Muffly M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 4008

2 4008

3 2

4 1

5 2

6

7 0

8 2

9 443X

10

11

12 86-0

13

Dr Aaron Bienenbaum
7171 Delmar
1-4 last.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Walter H. Fritz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.